

For office use only:
☐ \$25 Processing Fee Paid _____
☐ 1st ☐ 2nd ☐ 3rd ☐ 4th
Special License for License Year _____

Form CG-Schedule-A
Rev. 4/07

Commonwealth of Kentucky
Public Protection Cabinet
DEPARTMENT OF CHARITABLE GAMING

APPLICATION FOR CHARITY FUNDRAISING EVENT LICENSE OR SPECIAL LIMITED CHARITY FUNDRAISING EVENT LICENSE

When applying for more than one event, submit a separate CG-Schedule-A for each event.

ORGANIZATION INFORMATION

1. Name of Charitable Organization : _____
2. License number: **ORG-**_____ Expiration date: _____

EVENT INFORMATION

3a. Date(s) of Charity Fundraising Event:

	Date	Beginning time	Ending time
DAY 1	____/____/____	_____ am pm	_____ am pm
DAY 2	____/____/____	_____ am pm	_____ am pm
DAY 3	____/____/____	_____ am pm	_____ am pm

3b. Date of Special Limited Charity Fundraising Event:

Date	Beginning time	Ending time
____/____/____	_____ am pm	_____ am pm

(must be between the hours of 12:00pm and 1:00am)

4. Street address of location at which charitable gaming will be conducted:

Name of Building: _____
Street Address: _____
City, State, and Zip _____
County: _____

A copy of a signed lease agreement or statement of other understanding between the organization and the owner of the premises for this event **must** be submitted with this application.



5. Please list the approximate **NUMBER** of tables/booths for each game of chance to be conducted:

_____ Bingo (only count as 1)	#_____ Blackjack
#_____ Horse Race Bingo	#_____ Poker
#_____ Prerecorded Horse Racing	#_____ Dice Games
_____ Pulltabs (only count as 1)	#_____ Roulette
#_____ Raffles	#_____ Keno
#_____ Non-Cash Prize Wheel Games	#_____ Baccarat
(Prize value does not exceed \$100)	#_____ Quarter Push
#_____ Duck Race	#_____ Money Wheels (Cash Prizes)
#_____ Golf Ball Drop	#_____ Texas Hold'em
*Other: _____	#_____ Horse Race by Roll of Dice
	*Other: _____

*Brief description of **other** game listed above (*other*) and explanation of how prizes are awarded:

6. Please state the official name of the event, as it will be advertised to the general public. _____

7. Please describe all non-gaming activities to be conducted at this event, if any. (An example would be carnival rides, fish fry, motivational speakers, craft booths, golf tournament, 5k race, etc.)

DISTRIBUTOR INFORMATION

8. Distributor(s) applicant will use to obtain charitable gaming equipment or supplies:

Name: _____	Name: _____
KY. license number: Dis- _____	KY. license number: Dis- _____
Address: _____	Address: _____

Name: _____	Name: _____
KY. license number: Dis- _____	KY. license number: Dis- _____
Address: _____	Address: _____

(Attach additional sheets, if necessary)

A copy of the Written Agreement between the organization and the distributor must be submitted within thirty (30) days of the event if this is a Special Limited Charity Fundraising Event.

CERTIFICATION (BY AN OFFICER)

I certify, under penalty of perjury, that I am an officer authorized by the applicant to make application for licensure and that I have examined this application for licensure, including accompanying materials, and all information submitted is, to the best of my knowledge and belief, true and correct. I further certify that the applicant agrees to comply with all applicable laws and administrative regulations regarding charitable gaming in the Commonwealth of Kentucky.

Signature: _____

Print name: _____

Title: _____

Date: _____

Mail completed application (including all required attachments), together with the \$25.00 processing fee made payable to "Kentucky State Treasurer" to:

Commonwealth of Kentucky
Public Protection Cabinet
Department of Charitable Gaming
Division of Licensing & Compliance
132 Brighton Park Boulevard
Frankfort, KY 40601

If you need any help completing this application, please call the Licensing branch at (502) 573-5528 or toll-free in Kentucky, (800) 729-5672.

Visit our website at:

<http://www.dcg.ky.gov>

\$25.00 PROCESSING FEE IS REQUIRED FOR EACH SCHEDULE A.